U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

3. Name and address of person filing.

Patricia Aileen O'Brien

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

O1 / O1 / O4 Through: 19/31 / 2004

4. Name, file number, and address of labor organization.

Name Offictor's Guild of America, Inc.

Labor Organization File Number Oxo-O18

P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
street 1720 Kelton Avenue	street 7920 Sunset Blud.
city Los Angeles	city Los Angeles
State CA ZIP Code + 4 900 2 4	State CA ZIP Code + 4 900 46
5. Position in labor organization. Admi Wistrator / Signatures Reports Capliane Deportment	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name ShanGriLA Entertainment, LLC	7.a. Nature of Interest, Transaction, or Income. 9 ft books Athe Making of Polar Express (2) Polar Express (2) Polar Express
Trade Name, if any: Shawwi-LA	(a) "Polar Express
P.O. Box, Bldg., Room No., if any Stite 150	(The childrens bok)
Street 1801 Welle of the Stars	retail value. Borders Book Stores
city Los Angeles	1. 20
State CA ZIP Code + 4 90067	2 120

Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number